

6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: RAM Plastering & Stucco INC.
BUSINESS STREET ADDRESS: 13520 SW 28ST Davie FL. ZIP 33330
BUSINESS MAILING ADDRESS: 13520 SW 28ST Davie FL. ZIP 33330
BUSINESS PHONE: 954/452-4393
DESCRIBE TYPE OF BUSINESS: Plastering
BUSINESS IS: Corporation ☒ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Roland A Marcotte JR.</u>	<u>13520 SW 28ST Davie</u>	<u>33330</u>	<u>954-452-1919</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number E - 11

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Roland A Marcotte Pres.</u>	<u>Roland A Marcotte</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>6/24/99</u> Category <u>05806</u> Fee <u>39.32</u> Rec# <u>524621</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>99-12520</u>	Control # <u>10877</u> Zoning _____
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	